

Box 39538

Cert. 358690

Lucy A. Perkins

widow of

Harvey W. Perkins

5

## CERTIFIED RECORD OF DEATH.

State of Michigan,

County of

ss.

No.

4

1. Date of Death, June 19 - 1886
2. Full Name of Deceased, Harvey Perkins
3. Male or Female, Male
4. Color, White
5. Married, Single, Widow or Widower, Married
6. Age, sixty five years
7. Place of Death, Ithaca
8. Disease or Cause of Death, Typhoid Pneumonia
9. Birthplace, New York
10. Occupation, Farmer
11. Name of Father, Unknown
12. Residence, Not Reported
13. Name of Mother, Unknown
14. Residence, Not Reported

STATE OF MICHIGAN,

County of

ss.

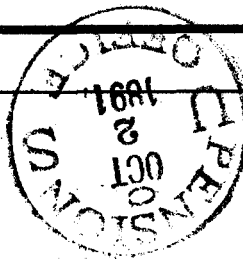
I, John F. Rouse, Clerk  
of the County of Ingham and of the Circuit Court thereof, the  
same being a Court of Record and having a Seal, Certify, that I have compared the  
foregoing copy of Record of Death of Harvey Perkins  
with the Original Record of said Death now remaining in my office, and have found the said copy a correct  
transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the  
seal of said Circuit Court, this twentieth  
day of September, A. D. 1891

John F. Rouse  
Clerk.

[152 B.]

No. 4



## Certified Record of Death

*Harvey Perkins*

*Locke Mich.*

CLERK'S OFFICE,  
COUNTY OF *Lingham* } ss.  
Received for Record, the *2nd*  
day of *May* A. D. 18*87*  
and Recorded in Liber *2* of  
Deaths, on Page *1*

*John F. Rouse*  
Clerk.

# GENERAL AFFIDAVIT.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use.

State of \_\_\_\_\_

County of \_\_\_\_\_

ss:

In the matter of claim of Lucy A. Perkins Widow Completing  
(Character and number of claim.)

Invalid Can No. 546858 Harry W. Perkins N 14 Mich.  
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Notary Public in and for  
(Justice, Notary, Judge, Clerk or Deputy Clerk.)

aforesaid County and State,

(Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)

Samuel P Cole of Perry Shiawassee Co Mich  
Alvin Cole

person 3 of lawful age, who, being duly sworn, declare 3 in relation to the aforesaid case as follows:

was at the house of Nathan Spaulding  
former husband of Mrs Lucy A Perkins  
at the time of his death. As near as can  
Recollect about Twenty Two Years ago  
went to funeral and saw him buried  
Died in Township of Austin Shiawassee  
Co Mich

And further declare that they <sup>name</sup> no interest in said case, and are not  
concerned in its prosecution.

☒ If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

1 W. B. Baker  
(Name of one witness to X mark.)

2 O. G. Drucker  
(Name of other witness to X mark.)

Signature of  
Affiant, or of  
each Affiant.

Samuel P. Cole  
Alvin Cole

11

SWORN TO AND SUBSCRIBED before me this 7<sup>th</sup> day of December

1887; and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words \_\_\_\_\_

(If any words have been erased in this affidavit, enter them here.)

\_\_\_\_\_ in lines \_\_\_\_\_, erased, and the words \_\_\_\_\_

(If any words have been added in place of any erased, enter them here.)

\_\_\_\_\_ in lines \_\_\_\_\_, added;

that the affiant S \_\_\_\_\_ to me well known and one respectable and worthy of full credit; and I further certify that I have no interest, direct or indirect, in the prosecution of this claim.

Am. Blakem  
(Name of officer before whom executed.)

[ L. S. ]

Notary Public  
(State whether Justice, Notary, Clerk, or Deputy Clerk.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS AS INDICATED ABOVE.

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

I certify that \_\_\_\_\_, before whom the above affidavit was made, is a \_\_\_\_\_ duly authorized to administer oaths, and that the above is his signature.  
(Justice or Notary's name.)  
(Justice of the Peace or Notary Public.)

IN WITNESS WHEREOF I have hereunto set my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 188\_\_\_\_\_.

[ L. S. ]

\_\_\_\_\_  
(Name of the Clerk or Deputy Clerk.)

Clerk of the \_\_\_\_\_  
(Name of Court.)

NOTE of 1st 1887  
Middle DIVISION.

Additional Evidence.

no. 3-4683-8

CASE OF

Lucy A. Perkins,

widow

Henry W.

He. 14 Mich.

FOR  
AFFIDAVIT OF  
MIDDLE  
DEC 21 1887

FILED BY  
GEORGE E. LEMON,  
Attorney and Counselor at Law,  
Offices 613 Fifteenth St. N. W.,  
WASHINGTON, D. C.  
P. O. Lock Box 385.

# GENERAL AFFIDAVIT.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use.

State of Mich  
County of Lapeer

88:

In the matter of claim for Lucy A Perkins widow of  
(Character and number of claim.)

Harvey W Perkins Co H 14 Mich vol  
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Notary Public in and for  
(Justice, Notary, Judge, Clerk or Deputy Clerk.)

aforesaid County and State, Mrs Anna M Cole.  
(Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)

Aged Eighty Years. Post Office Lapeer Mich  
and Mrs A. E. Johnson of Same place aged Sixty Years

person of lawful age, who, being duly sworn, declare I in relation to the aforesaid case as follows:

Knew Phoebe Ann Perkins former wife of the Late  
Harvey W Perkins (deceased) of Co H 14th Reg  
Mich Vol. Infantry and know that her death  
occurred on the Ninth day of April 1866

and further declare that they have no interest in said case, and are not  
concerned in its prosecution.

If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

1. John J. Clark  
(Name of one witness to X mark.)

2. O. B. Dunscomb  
(Name of other witness to X mark.)

Signature of  
Affiant, or of  
each Affiant.

Anna M Cole  
A. E. Johnson

5  
SWORN TO AND SUBSCRIBED before me this 16<sup>th</sup> day of March  
1887; and I hereby certify that the contents of the foregoing affidavit were fully made known and  
explained to the affiant S before swearing thereto, including the words \_\_\_\_\_

(If any words have been erased in this affidavit, enter them here.)

\_\_\_\_\_ in lines \_\_\_\_\_, erased, and the words \_\_\_\_\_

(If any words have been added in place of any erased, enter them here.)

\_\_\_\_\_ in lines \_\_\_\_\_, added,

that the affiant S are to me well known and are respectable and worthy of full credit; and I  
further certify that I have no interest, direct or indirect, in the prosecution of this claim.

A. M. Blackwell  
(Name of officer before whom executed.)

[ L. S. ]

Notary Public  
(State whether Justice, Notary, Clerk or Deputy Clerk.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFI-  
CATE ALL ERASURES AND INTERLINEATIONS AS INDICATED ABOVE.

READ.—It is to be remembered that the instrument should be executed before a Clerk of Court. The seal should be impressed  
on the original paper either directly or through the paper on which the jurat is made, if that be a separate paper. When executed  
before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the  
Justice of the Peace or Notary Public has authority to act as such, except in cases where the Justice of the Peace or Notary  
Public has taken his commission, or certified copy thereof, in the Office of the Commissioner of Penitentiaries.

I certify that \_\_\_\_\_

\_\_\_\_\_ (Justice or Notary's name.)

before whom the above  
affidavit was made, is a \_\_\_\_\_ duly authorized to administer oaths,  
\_\_\_\_\_ (Justice of the Peace or Notary Public.)

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this  
\_\_\_\_\_ day of \_\_\_\_\_, 1887.

[ L. S. ]

\_\_\_\_\_ (Name of the Clerk or Deputy Clerk.)

Clerk of the \_\_\_\_\_

\_\_\_\_\_ (Name of Court.)

Stoddard DIVISION.  
Additional Evidence.

No. 546888,

CASE OF

Lucy A. Dickinson

Widow

Marvyn D.

14 March

AFFIDAVIT OF

FILED BY

GEORGE H. LEMON,  
Attorney and Counselor at Law.

Offices 615 Fifteenth St. N. W.,

P. O. Lock Box 325.

WASHINGTON, D. C.

State of Michigan }  
County of Clinton }

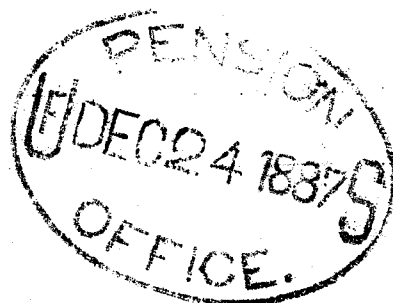
E. L. McLeod being duly sworn says that the signature to the within Murrays certificate is his father James McLeod's who at the date of said certificate was a duly authorized minister of the gospel; and that his said deponents name on said certificate as witness is the hand writing of his said father James McLeod

Done to and subscribed }  
before me this 2d day of Dec 1887 }

E. L. McLeod

Certificate of my official }  
Character on file in Pension }  
Justice of the Peace }  
Office at Washington D.C }





State of Michigan }  
County of Clinton } ss

O. O. Spalding being duly sworn says that he was a witness to the marriage of Lucy A. Spalding to Harry W. Perkins which occurred at Langabazh Mich May 3d 1876; that Rev. James McLeod performed the ceremony of said marriage; that the within is a true certificate of said marriage and that E. L. McLeod and said deponent was witnesses thereto; further said minister James McLeod signed said certificate as official minister and also signed E. L. McLeod and deponents name to said certificate as witnesses

Sworn to & subscribed before }  
me this 2d day of Dec A.D. 1887 }

My certificate on file  
at Washburn La

Byron H. Soule  
Justice of the Peace

O. O. <sup>Lucy</sup> Spalding  
mark

Witnesses to mark  
R. V. Soule  
John W. Munton

PENSION  
OFFICE.  
DEC 24 1887

546 858

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington Mar 28 1887.

Respectfully returned to the Commissioner of Pensions.

John Dicks, a Private Company A

1st Regiment Ohio Volunteers, was enrolled on the

Monday of , 186 , at

and reported on roll for pay Feb

1862 present

but for Memo not on file

Italian Feb 15, 62, Official

has additional in

formation

R. C. DRUM,

Adjutant General

By

7  
Mich. Div.  
MJB. Ex'r.

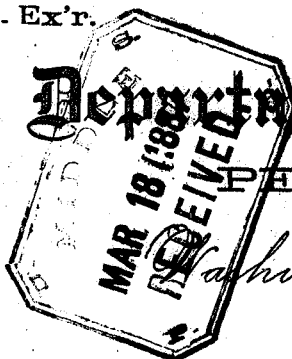
[3-083.]

State:

Mich.

MIDDLEBURY,  
TO EXAMINER.  
MAR 22 1887

Department of the Interior,  
PENSION OFFICE,



Washington, D. C., March 8, 1887.

Sir:

Please be so kind as to inform this Office, BY INDORSEMENT  
ON THE BACK OF THIS LETTER, as to the standing in the community,  
and the general reputation for truth, of John Bush,

of Perry, Mich., affiant in orig. invalid  
pension claim No. 546858, of Warren M. Perkins,  
of Co. "K", 14 Reg't Mich. Infy.

Your early reply will be thankfully received as sub-  
stantial assistance to this Office in arriving at the truth  
and justice of the case.

Very respectfully,

John C. Black,  
Commissioner

Perkins, \_\_\_\_\_

Perry, \_\_\_\_\_

Sharonville Co. Mich.

L. DIVISION,  
APR 4 1887

MIDDLE  
MAR 28 1887  
RECEIVED.

OFFICE  
1887  
MAR 28  
PENSION

Adjutant General's Office  
RECEIVED  
MAR 10 1887  
Division.  
ENLISTED  
Volunteer Pension

Department of the Interior,  
PENSION OFFICE,

March 8, 1887.

Respectfully requested of the ADJUTANT  
GENERAL U. S. A. a report from the records of his  
Office as to the presence or absence, on or about  
March 15, 1862,

of John Bush,

private  
Bushall

Mar 29 67

of Co. "K", 14 Mich. Infy.  
and the station, at that date, of the Same  
Company

Claim No. 546858.

Nancy M. Perkins  
Co. "K", 14 Mich. Infy.

John C. Black  
Commissioner.

Very much  
3/14/1857

Not generally very  
much Respected by  
his neighbors or  
considered very  
Truthful

Respectfully  
Yours

H. A. Spalding  
P M

# AFFIDAVIT TO ORIGIN OF DISABILITY.

To be executed by an officer or enlisted man of the soldier's company and regiment having personal knowledge of the circumstances under which the disability was incurred on account of which pension is claimed.

Before Filling in this Affidavit the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had.

State of \_\_\_\_\_  
County of \_\_\_\_\_ 83:

In the matter of the Pension claim of Lucy A. Perkins Widow  
Harvey W. Perkins, Co. 14, Reg't Mich.  
came before me, a Notary Public in and for the aforesaid County and State,  
William H. Linn (Title of officer administering oath.)

Lugham, of Locke, County of \_\_\_\_\_, State of Mich., who, being duly sworn, declares in relation to the aforesaid claim that his age is 62 years; that he is the identical person who served as a Captain in Co. 14, 14<sup>th</sup> Reg't Mich. Vols., and knows the above soldier, who was a member of Co. 14, 14<sup>th</sup> Reg't Mich. Vols.; that on or about \_\_\_\_\_ day of March, 1862, while in the line of duty, and without fault or improper conduct on his part, at or near Gpsilanti, State of Mich., said soldier incurred

injury by being Run over into a Cellar way while on duty. That he was disabled to some extent. So that he was unable to be around for some days. Do not know that he received a Rupture then. But said Harvey W. Perkins has told me since that he did have a Rupture and that it originated at that time.

State the nature of the wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred.  
State what caused the disability, and upon what particular duty the soldier was engaged at the time it was incurred. If on special duty, by whose order was he acting?  
If the injury was a rupture, be particular to state its location, and whether you saw it at the time of or immediately after its incurrence, or at any time while in the service.  
State whether you saw him at the date of or immediately previous to discharge; also when, where, and whether the disability named then existed.  
State whether the soldier was in sound daily health and especially as to the abilities upon which claim for pension is based, at the time he enlisted, and immediately preceding the date of turning his abilities.  
State your source of information, whether present at the place and place an eye-witness to the facts stated. If in demand of any when disability incurred, state.

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes the above statement from personal knowledge of the fact

Affiant's Post-Office address is as follows: Williamston Mich

Two persons who write their names MUST sign here as witnesses to affiant's signature, if he signs by mark.

(Name of one witness.)

(Name of other witness.)

William H. Linn

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use.

PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN TRANSFER IT TO THIS BLANK.



SWORN TO AND SUBSCRIBED before me this 12 day of April

1887; and I hereby certify that the contents of the foregoing affidavit were fully made known and explained by me to the affiant before swearing thereto, including the words \_\_\_\_\_

(If any words have been erased in this affidavit, enter them here.)

erased, and the words \_\_\_\_\_

(If any words have been added in place of any erased, enter them here.)

added;

that the affiant is to me well known and entitled to credit; and I further certify that I have no interest, direct or indirect, in the prosecution of this claim.

[ L. S. ]

A. W. Blakelee

(Name of officer before whom executed.)

Notary Public

(State whether Justice, Notary, Clerk, or Deputy Clerk.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS, AS INDICATED ABOVE.

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such; except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

I certify that \_\_\_\_\_

(Justice or Notary's name.)

before whom the above

affidavit was made, is a \_\_\_\_\_

(Justice of the Peace or Notary Public.)

duly authorized to administer oaths,

and that the above is his signature.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this \_\_\_\_\_

day of \_\_\_\_\_, 188 .

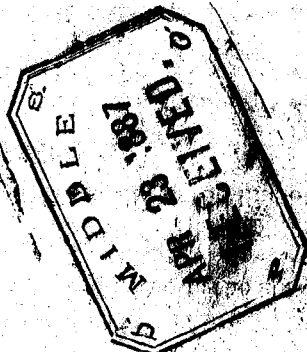
[ L. S. ]

(Name of the Clerk or Deputy Clerk.)

Clerk of the \_\_\_\_\_

(Name of what Court.)

MIDDLE DIVISION  
TO BE FILED  
APR 26 1887



DIVISION.

Affidavit of Commissioned Officer at Fort Verde.

Additional Evidence.

no. 546.858.

Sworn to by  
(Character of claimant.)

Forrest B. Perkins  
(Name of claimant.)

Late Captain U. S. Army

Wm. H. Perkins  
(Name of claimant.)

Regt., \_\_\_\_\_

Volts.

GEORGE E. LEMON,

ATTORNEY AND COUNSELLOR AT LAW,

OFFICES, 615 FIFTEENTH STREET N. W.,  
WASHINGTON, D. C.

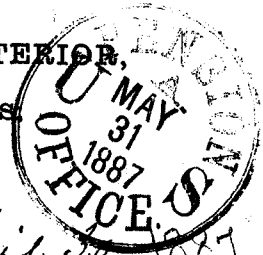
P. O. DRAWER 325.

Middle Riv.  
App. Exc.  
Orig. No. 546858.  
Harvey H. Perkins.  
Co. "K", 14 Regt. Mich. Inf.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS

WASHINGTON, D. C.,



April 30, 1887.

Sir:

To further aid this Office in the adjudication of the above entitled claim for pension in which you have testified that Harvey H. Perkins became disabled while in the U. S. Service, please furnish a statement in your own handwriting, setting forth all the facts within your personal knowledge relating thereto.

If such disability resulted from disease, state its name or nature, how prominent was affected thereby, and when, where and how you first became aware of the fact.

If the disability resulted from an injury or a wound, state whether you were an eye-witness of its origin, and whether you saw the affected part. If so, describe the injury or wound, give its location, date of incurrence and time of your first seeing the same.

Your early answer endorsed upon the back of this letter will be appreciated.

Very respectfully,  
John C. Black  
Commissioner.

Mr. Wm. W. Linn,  
William W. Linn,  
Highland Co. Mich.

To the commissioner of Prison  
sir you ask me to state on the back  
of this letter what I know about Harry  
W. Perkins I have stated in my affidavit that  
he was knocked down into a cellar hole  
and was hurt and was not able to be  
around for several days but I did not

know what the injury was I did not know he had  
fracture til court before he sent in his  
claim

yours. With Respect

W. H. Loom

Mich. Div.  
M. M. Ex'r.

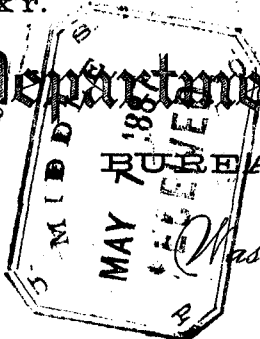
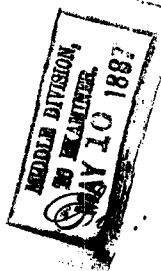
[3-083.]



# Department of the Interior

BUREAU OF PENSIONS,

Washington, D., C., April 20, 1887.



Please be so kind as to inform this Bureau, BY INDORSEMENT ON THE BACK OF THIS LETTER, as to the standing in the community, and the general reputation for truth, of Mrs. W. Lums,

of Williamstown, Mich., affiant in orig. invalid pension claim No. 546858, of Harvey H. Perkins, of Co. "H", 14 Reg't Mich. Infy.

Your early reply will be thankfully received as substantial assistance to this Bureau in arriving at the truth and justice of the case.

Very respectfully,

John C. Black,  
Commissioner

Perkins, H.

Williamstown,

Ingham Co. Mich.

No one by this  
name here now  
that I can learn  
of  
Jm L Brown  
Sept. P. M.

War Department,

#546.958.

ADJUTANT GENERAL'S OFFICE,

Washington, May 19, 1887.

Respectfully returned to the Commissioner of Pensions.

\_\_\_\_\_, a \_\_\_\_\_ of Company \_\_\_\_\_  
Regiment \_\_\_\_\_ Volunteers, was enrolled on the  
day of \_\_\_\_\_, 186\_\_\_\_, at \_\_\_\_\_,

and is reported:

Roll Co K "14" Mich Infy Feb 29:  
62 reports William H. Lunn Corp  
absent on furlough - Mich and  
Apr 62 present -

Return for Mich 62 not on  
file -

Date and extent of furlough not  
stated.

No additional information.

R. C. DRUM,

Adjutant General.

By

*[Signature]*

(2.)

RECEIVED  
TO  
MAY 22 1887

U. S. MIDDLE  
MAY 19 1887  
RECEIVED.

RECEIVED  
MAY 19 1887  
OFFICE

27  
7  
Adjutant General's Office  
RECEIVED  
MAY 3 1887  
ENLISTED  
Volunteer Pension Branch

# Department of the Interior,

PENSION OFFICE,

*April 30*, 1887.

Respectfully requested of the ADJUTANT  
GENERAL U. S. A. a report from the records of his  
Office as to the presence or absence, on or about  
*March 15*, 1862,  
of *William H. Lums*,  
*Captain*

of *Co. "K"*, 14 Mich. Infy.  
and the station, at that date, of the

Claim No. *546858*

*Harvey H. Perkins*  
*Co. "K", 14 Mich. Infy.*  
*John C. Black* 415  
Commissioner.

S. S.

3-1081.

PENSIONER DROPPED.

DEPARTMENT OF THE INTERIOR

UNITED STATES PENSION AGENCY

*Detroit Sec.*

MAR 21 1913, 191

Certificate No. *35-8690*

Class *ACT OF APRIL 19 '08 WIDOW*

Pensioner *Leroy A. Perkins*

Soldier *Harvey H.*

Service *Co. 15 76th Mich. Vol. Inf. 4*

The Commissioner of Pensions.

SIR: I have the honor to report that the above-named pensioner who was last paid

at \$ *12*, to *Dec. 4, 1912*

has been dropped because of *death*

*No date*

Very respectfully,

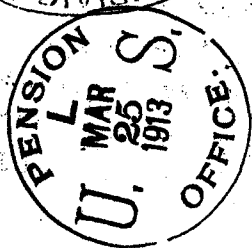
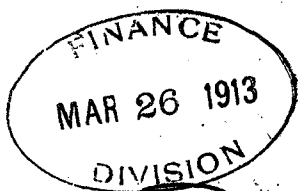
*A. M. Thompson.*

United States Pension Agent.

DISBURSING CLERK

NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.





STATE OF MICHIGAN,

COUNTY OF SHIAWASSEE.

ss

I, LESTER J. KENNEY, Clerk of said County of Shiawassee, and of the Circuit Court therein, being a Court of Record, having a Seal:

Do HEREBY CERTIFY, That *H. M. Swarthout* ..... whose name is subscribed to the said Affidavit... and therein written, was, at the time of taking such Affidavit... a Justice of the Peace, in and for said County, duly elected and qualified, and duly authorized by law to take the same; and further that I am well acquainted with the hand writing of such *H. M. Swarthout* ..... and verily believe that the signature to the said Affidavit... is genuine and as such entitled to full faith and credit.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Circuit Court at Corunna, this ..... *20* ..... day of

*November* .....

A. D. 1890 .....

*Lester J. Kenney* ..... Clerk.

*tel*

*hot*

persons in marriage, on or about the 3d day of May  
A.D. 1876 at my residence in Leaningburg Shiawassee  
County Michigan. And further defendant partly not  
signed *James M. L...*

7  
Taken sworn and subscribed before me the day and  
year first above written *H. M. Swarthout* Justice of the Peace  
In and for Shiawassee County Mich

County of Shiawassee } SS-

On This 30th Day of September 1890 before  
me a Justice of the Peace for Shiawassee County Michigan  
personally came James McLeod of said town and County  
and being sworn deposes and says: That I was acquainted  
with Harvey W Perkins, and Lucy A Spaulding, and that  
as officiating clergyman I did unite the above named  
persons in marriage, on or about the 3d day of May  
A D 1876 at my residence in Leaningburg Shiawassee  
County Michigan. And further deponent- parts not-  
Signed James W McLeod

Taken sworn and subscribed before me the day and  
year first-above written L W Swarthout Justice of the Peace.  
In and for Shiawassee County Mich

Page—  
358

Offt of James M. Lound  
as to marriage of  
Pantier.

# Instructions.

The Affiant should state in his own handwriting these facts following:

1. Length of time he has been practicing medicine.
2. Whether, or not, he knew the soldier before enlistment. If he did know him, for how long a period he knew him, how intimately, and what his opinion is as to said soldier's soundness at enlistment; and, if true, that he was and is sane and sane.
3. If he treated the soldier during his enlistment, either as his regimental surgeon or while he may have been at home on furlough, he will state his physical condition at such times, the nature and duration of his disability, and the dates of treatment.
4. Whether he has treated said soldier since his discharge. If he have, he should state—
  - (1) At about what date he first treated him.
  - (2) What his physical condition was when he was treated, giving a description of his disability.
  - (3) Period of time which he was treated, giving approximate dates when he was treated, and if dates of prescriptions or visits cannot be given, he should state why.
5. Very Important.—He will also state what has been the DEGREE of claimant's incapacity for manual labor, by reason of the disabilities on which his claim is based, during each month or year of the period of his treatment; in other words, what has been the average loss of time from labor, per month or year, or about what proportion of a sound able-bodied man's work he has been able to perform, whether  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ ,  $\frac{1}{5}$ , or as the case may have been.

**IMPORTANT.**—The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Pension Office as satisfactory. Therefore, he should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the diseases, wounds, or injuries, even though they be not technically named. Where the disability is the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which he bases his conclusions.

STATE OF Michigan

COUNTY OF Ingham

ss:

In the pension claim of

Henry W. Perkins

Prisoner

Res. H. 14

14th Regt. Mich. Vol. Inf.

(Name of claimant.)

Personally came before me, a

Notary Public

in and for

aforesaid County and State.

R. W. Langford

(Name of Physician or Surgeon.)

of McBurtis

(City or Village.)

of the County of Ingham

State of Michigan

who, being duly sworn, declares in relation to the aforesaid case as follows:

(Here follow closely instructions in the margin. If space be not sufficient, the Physician should firmly attach a sheet of paper to this

blank, and continue his statement.)

I am a Physician of continuous practice since date of graduation in Medical Department University of Michigan, March 1869. I have been acquainted with Henry W. Perkins from about date or nearly so until his death which occurred June 19th 1886. The last 12 or 15 years my acquaintance with soldier has been more intimate. I have practiced in family but do not remember prescribing for him until his last illness. The direct medical cause of his last illness was pneumonia which found in an debilitated condition. Constitution wholly broken down by Chronic diarrhoea & irregular Hernia which embarrassed intestinal activity & annoyed until the end. Claimant fell a easy prey to his disease which proved fatal in about 14 or 15 days when with fair constitution he ought to have recovered.

And he further declares that he has no interest in said case, and is not concerned in its prosecution.

R. W. Langford

(Signature of Physician or Surgeon. If member of the Army, give rank and service.)

THE PHYSICIAN IN FILLING THIS BLANK SHOULD NOT REFER TO THE MARGINAL INSTRUCTIONS BY NUMBERS, BUT SHOULD WRITE HIS STATEMENT IN NARRATIVE FORM.

Ref. 1st class. - Office record.

This Blank is prepared by GEORGE E. LEMMON, of Washington, D.C., and is Exclusively for his use.

circum a fil

[L. S.]

**Sign here**

(Justice, Notary or Clerk of Court, as the case may be.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS WHICH MAY BE MADE IN THE BODY OF THE AFFIDAVIT.

STATE OF

**COUNTY OF**

**SS:**

I, \_\_\_\_\_, Clerk of the County Court in and for aforesaid  
(Name of Clerk of Court.)  
County and State, do certify that \_\_\_\_\_, Esq., who hath signed his  
(Justice of the Peace or Notary Public.)  
name to the foregoing jurat, was at the time of so doing a \_\_\_\_\_ in  
(Justice of the Peace or Notary Public.)  
and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith  
and credit, and that his signature thereto is genuine.

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 188

[L. S.]

**Clerk of the**

DIVISION.

No. 5460-8

# MEDICAL EVIDENCE.

Lucas Perkin

modems

Harvey G. Perkins

*Dr. H. A. Smith*

FOR

MAR 6 1887

OFFICE

10

A A A A A  
 E F B P

**GEORGE E. LEMON,**  
Attorney and Counsellor at Law.

Offices, No. 615 Fifteenth Street N. W.,  
O. Lock Box 325. WASHINGTON, D. C.

1887  
 persons may reach the hands of some  
 persons residing in this house, we append  
 hereto, as specimens of the testimonials in our  
 possession, copies of letters from several gentle-  
 men of political and military distinction and  
 widely known throughout the United States:

WASHINGTON, D. C., March 1, 1876.

concerning congressional aid to claimants generally.

**A. V. MOORE**  
Chairman, Committee on Invalid Pensions, House of Representatives.  
W. F. SILLIMAN, Member of Congress.  
S. J. LONG, Member of Congress.  
W. F. SILLIMAN, Member of Congress.  
S. J. LONG, Member of Congress.

MR. W. TOWNSHEND, Member of Congress,  
Nineteenth Congressional District, Ohio.

BELVIDERE, ILLINOIS, October 24, 1875.

[illegible]

S. A. MURLIN, Member of Congress,  
Fourth Congressional District, Illinois,  
U. S. House of Representatives,  
Washington, D. C.

Eighteen years' acquaintance with Captain Gordon of this city, I earnestly commend him as a gentleman of high standing and worth, and I feel it a duty to the collection of books

L. W. F. SPRAGUE, Member of Congress,  
 1000 Congress Building, Washington, D. C.

THE OFFICE OF THE CONGRESSIONAL DISTRICT OF BOISE  
BOISE, IDAHO  
JANUARY 1, 1890

of your claims, and recommendations for the collection of high character and financial references. I can assure you that your claims requiring adjustment for their interest will be confided to safer hands.

Any person desiring information as to my standing and responsibility will, on request, be furnished with a satisfactory reference in his vicinity or Congressional District.

State of Mich  
County of Lapeere } ss

In the matter of Original  
Pension Claim nos. 54685-8 of Harvey, W.  
Perkins of Co. K. 14<sup>th</sup> Reg. Mich Volunteers  
Personally appeared before me a Notary Public  
in and for said County duly authorized to  
administer oaths Harvey W Perkins. The  
Applicant made oath in due form of Law  
to the following Statement. That the Pension is  
for which Applicant claims Pension is  
Situated upon Left Side Also that the Physician  
who attended him immediately after his Return from  
War (Dr H. A. Atkins) is dead and  
in stead of his Testimony He Swears his  
discharge.

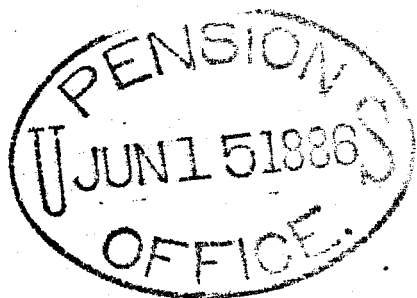
Witnessed by.

Harvey <sup>his</sup> W Perkins  
<sub>mark</sub>

O. J. Gruechel  
J. S. Pettibgill

Subscribed and Sworn to before  
me this 11<sup>th</sup> day of June 1886. And I further certify that  
I am acquainted with Applicant and believe him to be a  
credible person Also that I have no interest in  
the above claim and am not concerned in its  
prosecution

A. W. Blakeslee  
Notary Public



*Blunt*



- 5 -

Circuit of Lehigh Co  
State of Mich      See the matter of Original  
Pension Claim of Harvey W Perkins (deceased) late  
of Co H. 14<sup>th</sup> Reg. Mich Vol Infantry Pensionary  
came before me as notary Public, in and for Lehigh  
Co duly authorized to administer Oaths, Lucy  
A Perkins (Widow of Said Harvey W Perkins)  
aged 49 years of Lehigh Co Mich  
and swore in relation to aforesaid case as  
follows.

That there was no Legal Barrier to the  
marriage of the said Lucy A Perkins and  
the said Harvey W Perkins at the time  
said marriage occurred to the best of her  
knowledge.

Lucy A Perkins

Subscribed and sworn to before me this 3<sup>d</sup>  
day of April 1888 and I certify that I am  
acquainted with said Offiant and believe  
her to be a credible person and entitled to belief  
and further that I am not interested in the  
above claim and am not concerned in its  
prosecution.

A. W. Blakeslee  
Notary Public, Lehigh Co  
(Anteoffice-angle)

MAY 8 1888

RECEIVED  
APR 26 1888  
OFFICE

MIDDLE  
APR 26 1888  
RECEIVED.

*Middle Dist.*

*No. 546, 858.*

*Claim of  
Jas A. Perkins  
for  
Invented Union*

*Offt of  
Claimant.*  
*J*

**FILED BY  
GEORGE E. LEMON,  
Attorney & Counsellor at Law,  
OFFICES 615 FIFTEENTH ST. N. W.  
WASHINGTON, D. C.**

546858

# War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, May 18, 1886

Respectfully returned to the Commissioner of Pensions.

Harvey N. Perkins, a Pvt of Company K,  
14<sup>th</sup> Regiment Mich. Infy Volunteers, was enrolled on the  
11<sup>th</sup> day of Decr, 1861, at Locke, Mich. (3 yrs.),  
and is reported: on roll from Jan'y 7 '62 (date of muster  
in of Perkins) to Feby 28 '62 present; Mars Apr. '62  
same; May + June '62 absent sick in Mich. Muster  
out roll of Detachment of Co. dated at Fayetteville N.C.  
March 14 '65 reports him Pvt. Disch'd at Big  
Spring, Miss June 25 '62 by Surgeon's Certificate.  
Returns prior to May '62 are not on file.

Certificate of Disability reports him  
Discharged July 1<sup>st</sup> 1862, at Detroit, Mich.

Regt. Hap'tl Records on not on file.

Nature of sickness not stated. No Medical Certificate  
on file.

Thomas Ward  
asst adjt. Genl

Assistant Adjutant General.

By Thos Ward Jc 19

4

W.S.H.  
23



Middle Div.

WV, Ex'r.

No. 546,858

Harvey W Perkins  
 Capt 14 Mich Inf.

# Department of the Interior,

PENSION OFFICE,

Oct. 23, 1885.

SIR:

I have the honor to request that you will furnish from the records of the War Department a full report as to the service, disability, and hospital treatment of Harvey W. Perkins, who, it is claimed, enlisted Dec 11, 1861, and served as private in Co. K, 14 Reg't Mich Inf, ~~also in Co.~~

and was discharged at Detroit, Mich, July 1, 1862

While serving in Co. K, 14 Reg't Mich Inf, he was disabled by inguinal hernia, at Upsilanti, Mich on or about March 15, 1862;

also

and was treated in hospitals of which the names, location, and dates of treatment are as follows:

Was sent from Pittsburgh Landing to Hospital in Cincinnati, Ohio

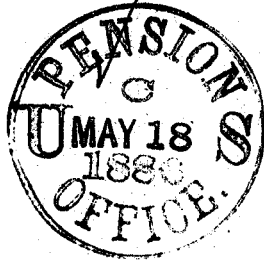
Very respectfully,

John C. Black  
 Commissioner

The Adjutant General, U. S. Army.

61  
 19

52 B.80



1880 39.415

MAR 22

(1. Encl.)

WAR DEPARTMENT,

**SURGEON GENERAL'S OFFICE,**

RECORD AND PENSION DIVISION.

Washington, D. C., *May 15*, 188*6*.

To the Adjutant General, U. S. Army.

Sir: I have the honor to return herewith the papers received from your office in pension claim No. *546858*, with such information as is furnished by records filed in this Office, viz: that *R. W. Perkins, Co. K, 14<sup>th</sup> Mich Vols.* was admitted to *G. H. Camp Dennison, Ohio May 12 /62* diagnosis & disposition not stated, (Prescriptions not on file for date.)

The records of *Detroit, Mich May 12 to July 1/62* and of *Cincinnati, Ohio Mar 1 to July 1/62* furnish no evidence in the case.

No medical records of the Reg't, on file, nor records of *Pittsburg Landing, Tenn.*

By order of the Surgeon General:

*N. F. Pope*  
Surgeon, U. S. Army.

No. *393415*

per *L. A. B.*

# ARMY OF THE UNITED STATES.



## CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

*Harvey W. Perkins* <sup>Assistant of Captain</sup> *John Kelly*  
 Company, *K* of the *Fourth* Regiment of United States  
*Mich Duff* was enlisted by *F. B. Chelgren* of  
 the *1st* Regiment of *Infantry* at *Le Roy Mich*  
 on the *Eleventh* day of *September* 186*1*, to serve *two* years; he was born  
 in *Pennbrook* in the State of *New York* is *thirty* *eight*  
 years of age, *5* - feet *10* inches high, *Dark* complexion, *grey* eyes,  
*Brown* hair, and by occupation when enlisted a *Farmer* During the last two  
 months said soldier has been unfit for duty *60* days. (Here consult directions on Form 12, p. 269, Medical Dept. Gen. Reg.)

STATION:

DATE:

*Camp Big Springs Mass.*  
*July 1864*  
 I CERTIFY, that I have carefully examined the said *Harvey W. Perkins* of  
 Captain *Kelly's* Company, and find him incapable of performing the duties of a soldier  
 because of *Inguinal Hernia* (Here consult par. 1134, p. 245, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.)  
*Commanding Company.*

DISCHARGED, this

*First* day of *July* 186*2* at *Detroit*  
*J. B. Smith*  
*Edmund* *Surgeon.*  
*Edmund* *Commanding the Post.*

NOTE 1.—When a probable case for pension, special care must be taken to state the degree of disability.  
 NOTE 2.—The place where the soldier desires to be addressed may be here added.

Town—

County—

State—

CERTIFICATE OF DISABILITY FOR DISCHARGE

In the case of

*Harvey M. Perkins*  
a *Private* in Co. *K*  
*Fourteenth* Reg't of *Mich. Inf.*

*Dischd. from Con. Office*  
*A. G. Office*  
*Sept. 29/62* *Geo. Allen, Jr.*  
*Gen. A. Secy.*

Received (A. G. Office) \_\_\_\_\_, 186 .



County of Ingham

State of Mich { ss

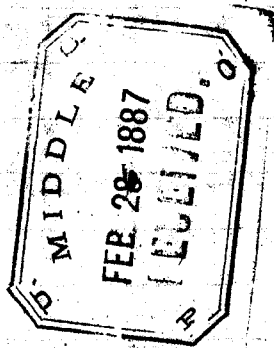
In the matter of Original Return  
claim 546838 of Harvey W Perkins of Co H  
14<sup>th</sup> Mich Infantry Vols.. Personally appeared  
before me a Notary Public in and  
for said County duly authorized  
to administer oaths John Buck of  
Perry Shumesser Co men aged  
73 years, and made oath in due form  
of Law to the following statements  
That he was a member of Co H 14<sup>th</sup>  
Mich Infantry Vol, and knew Harvey  
W Perkins the Applicant and knows that  
while the Regiment was encamped at  
Spilanti Mich said Harvey W Perkins  
while standing guard was assaulted by  
a Drunken man who knocked him over  
and down a cellar way and struck on  
left side and having his cartridge box on  
that side he also struck on that and  
injured his back and knows that in a day or  
two after the fall he found out that he  
was ruptured in left side about the place  
where the cartridge box was located and  
supposed it was caused from the fall, and  
further states that he has seen said Harvey  
W Perkins frequently since living only three  
miles apart and knows that he has been  
getting worse all the time until the present  
and that he is unable to do much if any  
work now, and further states that he  
is in no wise interested in the above claim.

John Buck

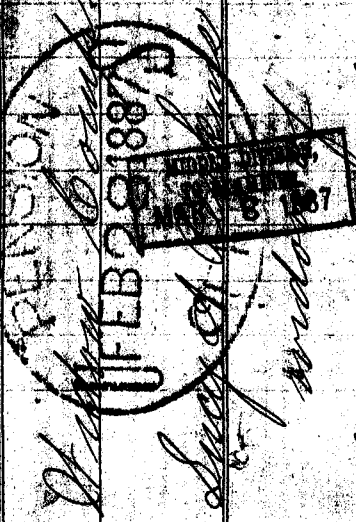
Subscribed and sworn to before  
me a Notary Public, duly authorized to  
admin

Admission made and further that I believe  
 said John Buck to be a credible person  
 and entitled to belief and that I am in  
 no wise interested in this claim  
 This 12<sup>th</sup> day of June 1886.

W. B. Blakeslee  
 Notary Public



Middle Tennessee  
 In presence of  
 J. M. [unclear] & [unclear]



Marion H. Perkins

by [unclear]

B. [unclear]  
 [unclear]

Filed by  
 Geo. S. [unclear]  
 atty.

# MARRIAGE CERTIFICATE



His Certifies, That *Harry W. Perkins* Aged *48*  
of *Lockport* in the State of *Michigan*,  
and *Lucy A. Spalding* Aged *36* of *Berrington*,  
in the State of *Michigan*, were by me joined together in  
**HOLY MATRIMONY** on the *third*

day of *May*, in the Year of our Lord One Thousand Eight  
Hundred and *seventy six*

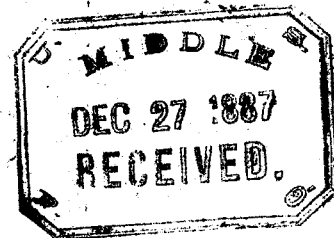
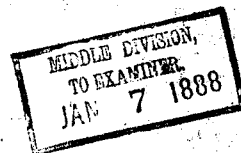
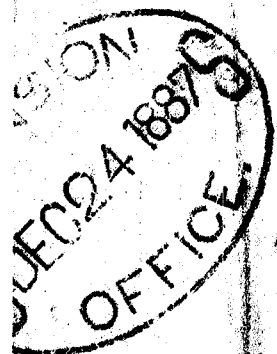
In Presence of

*E. L. McLeod*

*D. C. Spalding*

*James McLeod*  
Minister

5-216 85-8  
Lucy A Perkins,  
Widow  
Harvey Dr.  
K. 14, Mich.



## ORIGINAL.

(FOR A BOARD.)

Claim No. 5-4683-8

Name of the claimant,

Harry W. Perkins

Rank,

private

Company,

K

Regiment,

14 Mich. vols.

Post-office address,

Locke

ADDRESS OF THE BOARD:

Post office,

Lansing

County,

Ingham

State,

Michigan

Date of examination,

Dec. 16

, 1885.

WE HEREBY CERTIFY that in compliance with the requirements of the law\* we have carefully examined this applicant, who claims that while in the service of the United States at or near a place named Opasimute Mich., and while in line of duty, on or about the 15- day of March, 1862, he incurred Inguinal Hernia

Cause of disability.

Degree of disability.

and that in consequence thereof he is totally disabled for earning his subsistence by manual labor. His pulse-rate is 101 per minute; his respiration 21; his temperature 98½; his height is 5 feet and 9 inches; he weighs 150 pounds, and states that he is 61 years of age.

Touching the cause and degree of the disability for which he claims a pension, he makes the following statement:

Here give the statement of the claimant fully, but as compactly as possible.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

The examination reveals the following objective facts in support of his statements: Tongue red, Muscles are soft. There is no hernia. He has a left varicocle of moderate size

SUBJECTIVE SYMPTOMS.

OBJECTIVE SYMPTOMS.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been aggravated or prolonged by vicious habits. He is, in our opinion, entitled to a ½ rating for the disability caused by Varicocle, for that caused by                     , and for that caused by                     , the sum of which aggregates ½.

Here give rating for each cause of disability, and state the aggregate.

\* See the back.

Rush S. Shaw, Pres.,  
Edmund D. Porto, Sec'y,  
Charles T. Hayden, Treas., } BOARD.

1

# SURGEON'S CERTIFICATE

(FOR A BOARD)

1

IN CASE OF

*Henry M. Perkins*

*Co. K, 14 Reg't Mich. vol.*

## Application for Pension.

No. *5-4683-8*

Date of examination: \_\_\_\_\_

*Dec. 16, 1883*

*Board*

Examining Surgeon.

Post office, *Lansing*

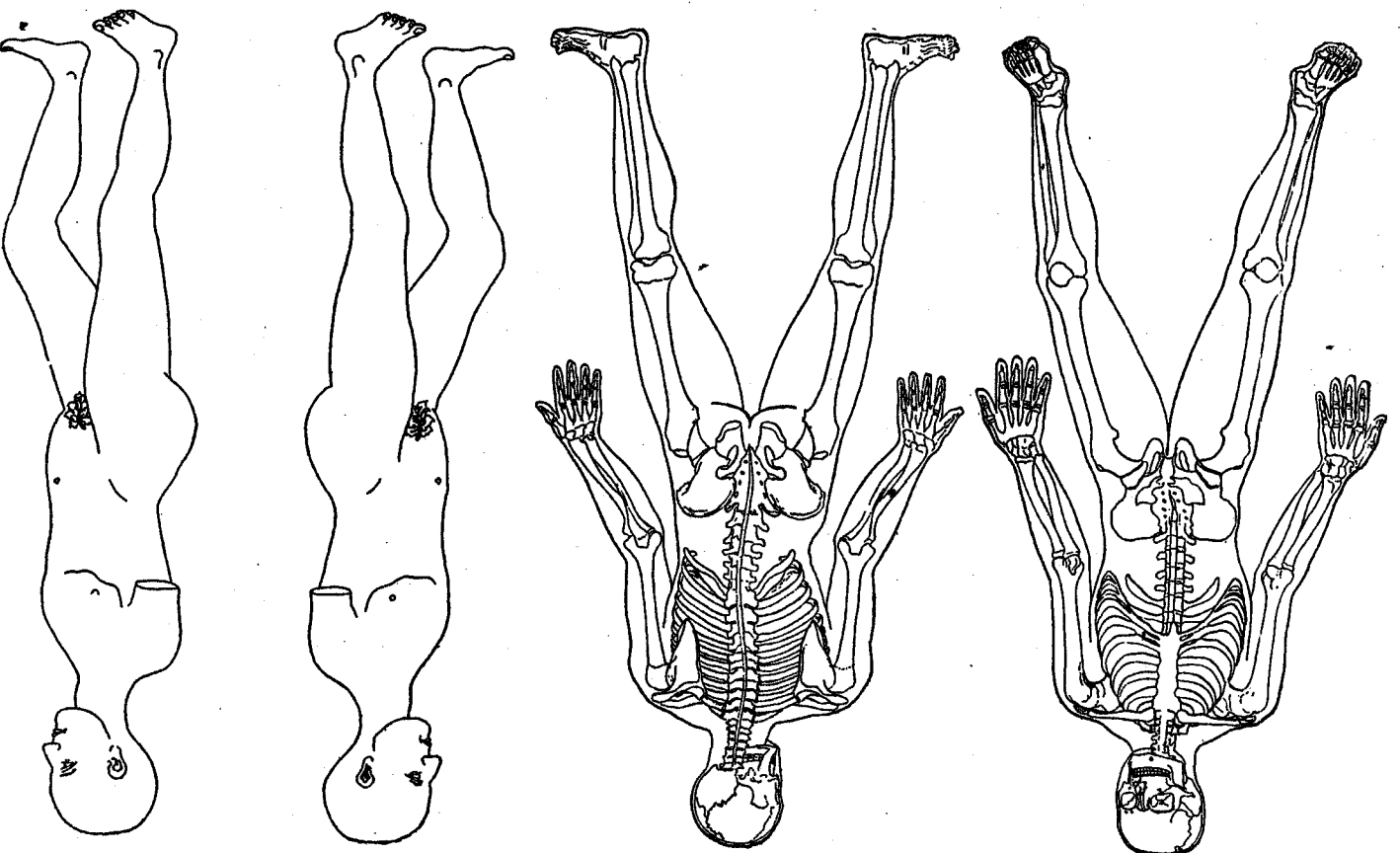
County, *Lapeer*

State, *Michigan*

P. S.—Write your Post-office address plain and in full.

13

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1832.]



No. 5746858

**NAME OF CLAIMANT,**

Lucy A. Perkins.

**NAME OF SOLDIER,**

Harvey M. Perkins

Co. "K," 14, Reg't Mich. Infy.

# GENERAL AFFIDAVIT.

State of Mich, County of Shiawassee, ss.

In the matter of Widows Pension Claim no 487073  
Lucy A. Widow of Harry W Perkins late of Co E. 15<sup>th</sup> Mich Inf  
and also co 18 14<sup>th</sup> Mich Inf

ON THIS Eighth day of April A. D., 1892, personally appeared before me a  
Nathan Spaulding in and for the aforesaid County, duly authorized to administer oaths  
Samuel P Cole aged 75 years, a resident of Perry  
in the county of Shiawassee and State of Mich  
whose postoffice address is Perry Shiawassee Co Mich  
Mereda Cole aged 63 years, a resident of Perry  
in the county of Shiawassee and State of Mich  
well-known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in relation to  
aforesaid case, as follows:

[NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.]

Have known Lucy A Perkins the claimant for  
thirty three years and knew her husband the late  
Harry W Perkins. we also knew Nathan Spaulding  
her former husband. and know that he died  
a number of years before claimants marriage to  
Harry W Perkins. was at his house when he died  
and saw him after he was dead. and saw him  
put into the coffin. and married. cannot remember  
the exact date of his death but know it was  
several years before claimants marriage to  
Harry W Perkins

And they further declare that they have no interest in said case and are  
not concerned in its prosecution.

W B Blakeslee  
Jesse Wilson

[If Affiants sign by mark, two persons who can write, sign here.]

Samuel P Cole  
Mereda Cole

[Signature of Affiant.]

STATE OF Mich COUNTY OF Shiawassee ss.

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said  
affiant, including the words \_\_\_\_\_ erased, and the  
words \_\_\_\_\_ added, and ac-  
quainted them with its contents before they executed the same. I further certify that I am in nowise  
interested in said case, nor am I concerned in its prosecution; and that said affiant are personally known to me  
and that they are creditable person.

[L. S.]

W B Blakeslee  
Nathan Spaulding

[Official Signature.]

[Official Character.]

Ingance used



CLAIM NO. 437152

ADDITIONAL EVIDENCE.

CLAIM OF

Lucy A Perkins widow  
of Harvey W Perkins Late  
of Co. E, 18<sup>th</sup> Reg Mich Vet Bn  
of Co. H, 1<sup>st</sup> U. S. Inf

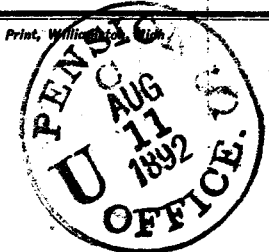
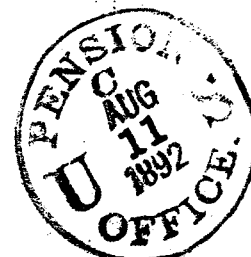
AFFIDAVIT OF

L Amos P Cole  
Alameda Cole  
Perry Shawan es  
witness

FILED BY

M P Hink  
Albion Mich

U. S. PENSION ATTORNEY.



GENERAL AFFIDAVIT.

STATE OF Mich COUNTY OF Ingham, SS.:  
In claim No. \_\_\_\_\_ of Lucy A Perkins <sup>Harvey W</sup> ~~widow of Perkins~~ of Co. 14 of  
the 14 Regt. of Mich Inf Vols. Personally appeared before the undersigned duly au-  
thorized to administer oaths within and for said county, Harriet Barber  
aged 34 years, whose P. O. is Loche, County of Ingham

State of Mich, who being duly sworn, states in relation to said claim as follows, to wit:

Asst. Adm. by Duncanson aged 70 years  
Residing at Loche Ingham Co Mich who  
being duly sworn State in relation to the above said  
claim as follows

We know the claimant Lucy A Perkins and  
know her husband Harvey W Perkins before  
his death which occurred sometime in June  
1886. We also know claimant has not Remarried  
Since Soldiers death & that she is dependant on  
her daily Labor for her support

And affiant further states that he has no interest in this claim.

Kati Blakeman

Harriet Barber

Asst. Adm. by Duncanson

Affiant's Signature.

If affiant signs by mark two witnesses sign here.

SWORN to and subscribed before me on the 6 day of Oct 1894 and I hereby  
certify that the contents of this affidavit was fully made known to the affiant before signing  
and I have no interest in this claim or its prosecution.

L. S.

AMB Blakeman

Official Signature.

Notary Public

## ADDITIONAL EVIDENCE.

CLAIM OF

Lucy A Perlman (widow of Harry  
W. Perlman) date of b' 11, 14 reg Mich  
Infr-

**AFFIDAVIT OF**

Barrett Barber and Oshea  
G. Dunn Ball to the J. Perry,  
Shiavassa Co Mich

+

FILED BY

NEWTON T. KIRK.

# PENSION CLAIM AGENT.

ALBION, MICH.

New Records. No claim.

In. Ctg. 395750

Jan. 27. 91.

Реш.

# GENERAL AFFIDAVIT.

STATE OF Mich COUNTY OF Ingham, SS.:  
 In claim No \_\_\_\_\_ of Lucy A Perkins widow of Perkins of Co. 14 of  
 the 14 Regt. of Mich Inf Vols. Personally appeared before the undersigned duly au-  
 thorized to administer oaths within and for said county, James H Spencer  
 aged \_\_\_\_\_ years, whose P. O. is Loche, County of Ingham

State of Mich, who being duly sworn, states in relation to said claim as follows, to wit:  
and Kate Blakeslee aged 32 years  
a Resident of Loche Ingham Co Mich  
who being duly sworn state in relation to the  
affore said claim as follows.

I am know the claimant Lucy A Perkins  
a Member of Team and know that she has  
no means of Support and has been persuaded  
to do so

And affiant further states that he has no interest in this claim.

James H Spencer  
Kate Blakeslee

Affiant's Signature.

If affiant signs by mark two witnesses sign here.

SWORN to and subscribed before me on the 6 day of Oct 1898 and I hereby  
 certify that the contents of this affidavit was fully made known to the affiant before signing  
 and I have no interest in this claim or its prosecution.

L. S.

A W Blakeslee

Official Signature.

Notary Public

---

ADDITIONAL EVIDENCE.

---

CLAIM OF

*Lucy Perkins widow of Harry  
W. Perkins, 14 Mich. manuscript.*

*K-51000*  
AFFIDAVIT OF

*James Spencer and Kate  
Blakely, Lock P.O., Ingham Co.,  
Michigan*

---

---

FILED BY

NEWTON T. KIRK,  
PENSION CLAIM AGENT,  
ALBION, MICH.

---

*N. R. No. 21 Jan 21, 91*

*N. B. No. 21 Jan 21, 91*

# GENERAL AFFIDAVIT.

State of Mich, County of Lugham, ss.

In the matter of Widows Pension Claim No 457052 of  
Lucy A Perkins Widow of Harvey W Perkins Lot of Co E 15<sup>th</sup> Reg Mich Vol Inf also  
Co H 14 Reg Mich Vol Inf  
ON THIS Eighth day of April A. D., 1892, personally appeared before me a

Natany Public in and for the aforesaid County, duly authorized to administer oaths  
Sheldon H Turner aged 41 years, a resident of Locke

in the county of Lugham and State of Mich

whose postoffice address is Perry Shiawan Co Mich

aged \_\_\_\_\_ years, a resident of \_\_\_\_\_

in the county of \_\_\_\_\_ and State of \_\_\_\_\_

well-known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in relation to aforesaid case, as follows:

[NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.]

I have known the claimant Lucy A Perkins  
for twenty eight years. Live neighbor to her  
and know her circumstances. Know that she only  
owns forty acres of land mostly new and all  
of one half ranch. The farm is not worth more  
than eight hundred dollars. and I know there  
is a mortgage on it but do not know the exact  
amount. I know that she has no income from any  
source except that derived from the place, and  
what little she is able to do herself. Her yearly income  
from the farm would not exceed seventy five  
dollars.

And I further declare that I have no interest in said case and am  
not concerned in its prosecution.

[If Affiants sign by mark, two persons who can write, sign here.]

Sheldon H Turner  
[Signature of Affiant.]

STATE OF Mich COUNTY OF Lugham, ss.

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_

erased, and the words \_\_\_\_\_

added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise

interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me

and that he is a creditable person.

A W B Baker  
[Official Signature.]

Natany Public  
[Official Character.]

CLAIM NO. 437052

**ADDITIONAL EVIDENCE.**

CLAIM OF

Lucy A Perkins widow of  
Harvey W Perkins late of  
Co. E. 15<sup>th</sup> Mich Vet Vol Regt  
Co. K. 14<sup>th</sup> " Vol Inf Regt

AFFIDAVIT OF

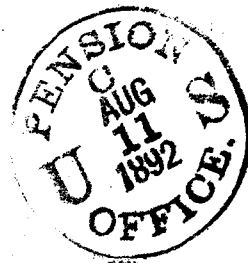
Sheldon H Turner  
Perry, Shiawassee Mich

**FILED BY**

N. J. Kirk  
Albion Mich

U. S. PENSION ATTORNEY.

Enterprise Print, Williamston, Mich.





## GENERAL AFFIDAVIT.

State of Michigan, County of Ingham

SS:

In the matter of

Pension Claim of Lucy A. Widow of  
Harvey W Perkins Co E 18<sup>th</sup> Mich Inf # 457072

ON THIS

29

day of

September

A. D. 1891, personally appeared before me

Natony Public

in and for the aforesaid County, duly authorized to administer

oaths

A. W. Blakeslee

aged

43

years, a resident of

Locke

in the County of

Ingham

and State of Michigan, well known to me to be reputa-

ble and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

I have known Lucy A Perkins the Claimant for Seventeen  
Years. Know that the Late Harvey W Perkins. her husband  
is dead and that she has not Remarried Also that she is an  
invalid having a Terrible running Sore on her Limb and is  
hardly able to sit up. and is failing rapidly. She has Forty  
Acres of Land Consisting mostly of Marsh and no Buildings  
except a small unfinished house. The property would not bring  
\$800.00 and she owes nearly \$400.00 and is unable to pay  
her interest. She is an object of Pity. and unless helped  
soon by the Government, will be an object of  
Charity. I have lived near Claimant and had business  
Relations with her and know the above to be true  
Also know that she has no income Except that derived  
from the above property.

His Post Office address is

Locke, Ingham Co, Mich

and he

further declare that

he has

no interest in said case and

is

not concerned in its prosecution.

A. W. Blakeslee

[If Affiant sign by mark, two witnesses who can write sign here.]

[Signature of Affiant.]



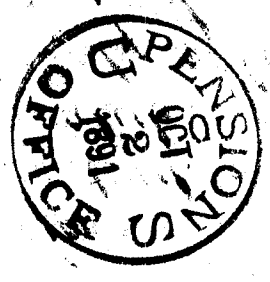
STATE OF MICHIGAN. COUNTY OF Ingham SS:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is credible person.

Geo. H. Galusha  
[Official Signature]  
Notary Public  
[Official Character]  
Ingham Co Mich

[L. S.]

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.



**Additional Evidence.**

**CLAIM OF**

George A. W. Perkins  
Co. C 15 " Reg't Mich Vol's.  
Infantry

**AFFIDAVIT OF**

A W Plafkshue  
Locke  
Mich

**CLAIM NO.** 457072

**FILED BY**

**NEWTON T. KIRK,**

**U. S. PENSION ATTORNEY,**

**ALBION, MICH.**

Formerly of Co. E., 26th Mich. Infantry, and 118th U. S. C. T.

# ORIGINAL INVALID CLAIM.

395750 *Detroit*  
 Soldier, *Harvey H. Perkins, dec'd* (Livy A. Perkins, widow, Comptroller)  
 P. O., *Lapeer, Mich.*  
 County, *Lapeer*  
 State, *Michigan*  
 Rank, *Private*  
 Company, *"K"*  
 Regiment, *14 Mich. Vol. Infy.*  
 Rates, \$ *4.-* per month, commencing *August 11, 1885.*

*and ending June 19, 1886 (dead)*

Pensioned for

*Left varicocele*

## RECOGNIZED ATTORNEY.

Name,

*Geo. E. Lanyon*

P. O.,

*Washington, D. C.*

Fee, \$ *25.00*, Agent

Articles filed *May 21, 1887*, 1887.

## APPROVALS.

Approved for

*Varicocele - left side*

Submitted

*May 8*

, 1888;

*W. J. Marshall*

, Examiner.

Approved for

*Left varicocele*

Approved for

*left varicocele*

*Pension to terminate June 19-1886*  
*- date of Soldier's death.*  
*Pay to widow as*  
*above.*

*May 10/88 J. L. Paine*, Legal Reviewer  
*May 12, 1888, Brandenburg*, Re-Reviewer.

*W. W. Allegan*, Med. Ex'r, *Goodford*, Med. Reviewer,  
*May 15, 1888, John C. Bunker*, Med. Referee.

## IMPORTANT DATES.

Enlisted, *Dec 11*, 18*61*. service from \_\_\_\_\_  
 Mustered \_\_\_\_\_, 18 \_\_\_\_\_, to \_\_\_\_\_, 18 \_\_\_\_\_, in  
 Discharged *July 1*, 18*62*  
 Declaration filed *August 11*, 18*85*. Not in service since *July 1*, 18*62*.

## BASIS OF CLAIM.

*Inguinal hernia of left side, incurred at Ypsilanti, Mich.,*  
*about March 15, 1862.*

Index Ing. Invalic, Claim No. 546858.

Harvey H. Perkins Co. "K," 14 Reg't Mich. Infy.

ARRANGE PAPERS IN INVALID CLAIMS—1. Declaration; 2. Soldier's statements as to origin; 3. A. G.; 4. S. G.; 5. Cert. of Dis. Let history as to origin, continuance, &c., follow in regular order.

IN WIDOWS' AND DEPENDENT RELATIVES' CLAIMS—Let evidence of soldier's death, marriage, dependence, &c., follow evidence of origin and continuance of fatal disease.

o 6-113

NO.	NAME AND P. O. ADDRESS.	DATE OF FILING.	SUBJECT.
1	Wm. M. Perkins.	Aug. 11, 1885.	Declaration.
2	" " "	June 15, 1886.	Location of injury, &c.
3	Lucy A. Perkins Locke, Mich.	Apr. 26, 1888.	No bar to marriage.
4	A. G.'s report	May 18, 1886.	Servian.
5	A. G.'s report	May 18, 1886.	Treatment.
6	Cert. of disability	Oct. 8, 1886.	Cause of discharge.
7	John Buck, Perry, Mich.	Feb. 28, 1887.	Origin.
8	Wm. H. Lunn, Locke, Mich.	Apr. 23, 1887 and May 31, 1887.	Origin.
9	G. N. Langford, M. D., Hibberville, Mich.	Feb. 26, 1887.	Date and cause of death.
10	S. P. & A. Lecha, Perry, Mich.	Dec. 24, 1887.	Death of claimant's first husband.
11	Soldier & A. E. Johnson, Locke, Mich.	Apr. 7, 1888.	Death of soldier's first wife.
12	Cert. of marriage	Dec. 27, 1887.	Marriage.
13	Cert. of Examination	Dec. 23, 1885.	Rating: 1/2 for serviceable left arm.

A.

## DECLARATION FOR ORIGINAL INVALID PENSION.

A.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Michigan  
 County of Lapeer } ss:

On this 7 day of April, A. D. one thousand eight hundred and eighty five  
 personally appeared before me, Clerk of the Circuit Court, a court of record  
 within and for the county and State aforesaid, Harvey W Perkins, aged 60 years,  
 a resident of the Town of Lake county of Lapeer

State of Michigan, who, being duly sworn according to law, declares that he is the  
 identical Harvey W Perkins, who was ENROLLED on the Eleventh day  
 of December, 1861, in company W of the 14<sup>th</sup> regiment of Mich Infantry  
 commanded by Capt John Kelley, and was honorably DISCHARGED at  
Detroit on the 1<sup>st</sup> day of July, 1862; that his  
 personal description is as follows: Age, 40 years; height, 5 feet 10 inches; complexion, Dark  
 hair, Brown; eyes, Grey. That while a member of the organization aforesaid, in the service  
 and in the line of his duty at Ypsilanti, in the State of Michigan  
 on or about the 1<sup>st</sup> day of March, 1862 he Received Original  
Hernia By being Attacked by Roughs while on  
Duty Being Knocked into a Cellar way, and  
afterwards Maltreated.  
 (Here state name or nature of disease, or the location  
 of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.)

That he was treated in hospitals as follows:

was sent from Pittsburgh Landing to Hospital  
in Annapolis D.C.  
 (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment)

That he has not been employed in the military or naval service otherwise than as stated above.

(Here state what the service

was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since leaving the service this applicant has resided in the Town of Lake

in the State of Michigan, and his occupation has been that of a Farmer

That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled  
 a Farmer. That he is now Nearly disabled from obtaining his subsistence by  
 manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore  
 makes this declaration for the purpose of being placed on the invalid pension-roll of the United States.

He hereby appoints Wicks & Associates his claim directly  
Wicks & Associates State of Michigan, his true and lawful attorney  
 to prosecute his claim. That he has not received nor applied for a pension. That his Post  
 OFFICE ADDRESS is Lake, county of Lapeer  
 State of Mich

Claimant's signature: Harvey W Perkins

Attest: Alfred A. Jensen  
Lance A. Smith

Also personally appeared Benjamin F. Platts, residing at Williamston Mich  
and Abram W. Vandroger, residing at Locke Mich, persons whom I  
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
Henry W. Perkins, the claimant, sign his name (or make his mark) to the foregoing  
declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with  
him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of  
this claim.

Benjamin F. Platts  
A. W. Vandroger  
(Signatures of witnesses.)

SWORN to and subscribed before me this 16<sup>th</sup> day of July, A. D. 1885,

and I hereby certify that the contents of the above declaration, &c., were fully made  
known and explained to the applicant and witnesses before swearing, including the  
[I. S.] words \_\_\_\_\_, erased, and the  
words \_\_\_\_\_, added; and that

I have no interest, direct or indirect, in the prosecution of this claim.

Attest my hand and Lucy A. Smith  
the seal of the Probate Court  
for the County of Ingham  
Michigan this 16th day of July, 1885 2 a.m.  
Judge of Probate Ingham County Michigan

CLAIM FOR PENSION.

ORIGINAL.

Applicant.

Reg't,

Vols.

Co., Musk

18

Enlisted

1862

Discharged

FILED BY

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respect-  
able and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty  
under oath or affirmation.

Declarations and other papers should be as legible and as clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific  
reference to it will render it available in any subsequent claim.

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses  
should be embodied in or accompany every application, and all evidence in each claim; and each change of residence  
of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon  
them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and  
signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

GENERAL AFFIDAVIT.

STATE OF Mich COUNTY OF Ingham, SS.:  
In claim No. of Lucy A Perkins (widow) of Perkins of Co. 14 of  
the 14 Regt. of Mich Inf Vols. Personally appeared before the undersigned duly au-  
thorized to administer oaths within and for said county, Oscar D Spaulding  
aged 30 years, whose P. O. is Perry, County of Chippewa  
State of Mich, who being duly sworn, states in relation to said claim as follows, to wit:

was present at the marriage of my mother  
Lucy A Perkins at the time she was married  
to Edwin Harry W Perkins and the marriage  
occurred on or about the 3<sup>d</sup> day of May 1876

And affiant further states that he has no interest in this claim.

Kate Blakeslee  
Just H Spencer  
If affiant signs by mark two witnesses sign here.

Oscar D Spaulding  
Affiant's Signature.

SWORN to and subscribed before me on the 6 day of Oct 1890 and I hereby  
certify that the contents of this affidavit was fully made known to the affiant before signing  
and I have no interest in this claim or its prosecution.

L. S.

A W Blakeslee  
Official Signature.  
Notary Public

---

ADDITIONAL EVIDENCE.

---

CLAIM OF

Lucy A Perkins widow of  
W. Perkins, 14<sup>th</sup> Mich Ave  
Lansing (Com 1<sup>st</sup> E)

AFFIDAVIT OF

Oscar O Spaulding  
Perry, Shawassa Co  
Michigan

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---

FILED BY

NEWTON T. KIRK,  
PENSION CLAIM AGENT,  
ALBION, MICH.

---



# GENERAL AFFIDAVIT.

State of California, County of Kern, ss.

In the matter of Pension Claim 437052 of Lucy A Perkins, Widow  
of Harvey W Perkins Late of Co E 15 Reg mch 1st Vol inftry  
of Co H 14 " " " "

ON THIS thirty first day of October A. D., 1892 personally appeared before me a

Notary Public in and for the aforesaid County, duly authorized to administer oaths  
James McLead aged 75 years, a resident of Bakersfield

in the county of Kern and State of California

whose postoffice address is Bakersfield " Kern Co. Cal

aged \_\_\_\_\_ years, a resident of \_\_\_\_\_

in the county of \_\_\_\_\_ and State of \_\_\_\_\_

well-known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in relation to  
aforesaid case, as follows:

[NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.]

That he is a Minister of the Gospel and that  
he died on the third day of May 1876 Unit-  
in Marriage, the above named Claimant to Harvey  
W Perkins. the Soldier above named. Her name  
before such Marriage was "Spaulding" The  
Ceremony was performed at Lapeerburgh  
Shiawassee County Michigan.

and He further declare that he has no interest in said case and is  
not concerned in its prosecution.

[If Affiants sign by mark, two persons who can write, sign here.]

STATE OF California COUNTY OF Kern ss.

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said  
affiant, including the words \_\_\_\_\_ erased, and the

words \_\_\_\_\_ added, and ac-

quainted him with its contents before he executed the same. I further certify that I am in nowise

interested in-I concerned in its prosecution; and that said affiant is personally known to me

and tha \_\_\_\_\_ creditable person.

[L. S.]

James McLead  
[Signature of Affiant]

W. S. Perkins  
[Official Signature]

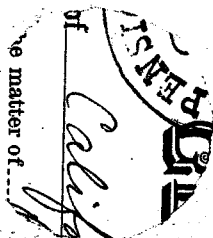
Notary Public  
[Official Character]

In and for the County of Kern  
State of California



Verify and

CLAIM NO.



---

**ADDITIONAL EVIDENCE.**

---

CLAIM OF

Lucy A Perkins

Locke

Durham co Mich

AFFIDAVIT OF

James M<sup>c</sup>Leach

Bakersfield Cal

**FILED BY**

Newton T Kirk

Albion Mich

**U. S. PENSION ATTORNEY.**

Harvey Dent

County of \_\_\_\_\_

in the year

Sworn and subscribed before me the day and year above written.

I certify that before whom the above affidavit purports to have been made, is a Justice of the Peace duly authorized to administer oaths, and that the above is his signature.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my

official seal, this

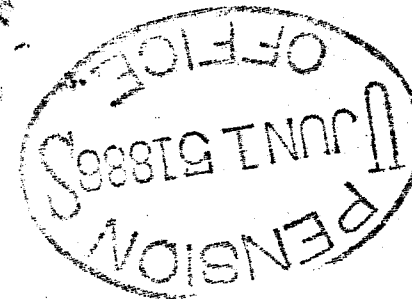
in the year

at

day of

in the State of

*Clerk of the*



ACT OF JUNE 27, 1890.

## WIDOW'S PENSION.

Claimant

Lucy A. Perkins

Soldier

Harvey W. Perkins

P. O.

Locke

Rank

Private

Co.

K a

County

Ingham

State

Mich.

Regiment

14th Mich. Vol. Inf.

Rate, \$8 per month, commencing

Aug. 11, 1890

and \$2 per month additional for each child, as follows:

Born, .....	18	} Commencing .....	18
Sixteen, .....	18		
Born, .....	18	} Commencing .....	18
Sixteen, .....	18		
Born, .....	18	} Commencing .....	18
Sixteen, .....	18		
Born, .....	18	} Commencing .....	18
Sixteen, .....	18		
Born, .....	18	} Commencing .....	18
Sixteen, .....	18		
Born, .....	18	} Commencing .....	18
Sixteen, .....	18		
Born, .....	18	} Commencing .....	18
Sixteen, .....	18		
Born, .....	18	} Commencing .....	18
Sixteen, .....	18		
Born, .....	18	} Commencing .....	18
Sixteen, .....	18		

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate ....., 189..., date of .....

## RECOGNIZED ATTORNEY.

Name

Newton J. Kirk

Fee \$

10.

Agent to pay.

P. O.

Albion Mich

Articles Filed

189...

## APPROVALS:

Submitted for

Adm.

Dec. 5, 1892

Chas. W. Linell

Examiner.

Approved for

Admission

Dec. 21, 1892

J. H. Macaulay, Legal Reviewer.

The soldier was pensioned at \$

4.

per month for

left in schedule

Enlisted

Dec. 11, 1867

Soldier's app'n filed

Aug. 11, 1895

honorably disch'd

July 1, 1862

Cit's app'n under other laws

none, 18...

Re-enlisted

March 27, 1865

Former marriage of

claimant, 18...

honorably disch'd

Aug. 13, 1865

Death of former

husband prior to, 1876

Died

June 19, 1886

Cit's marriage to soldier

May 3, 1876

Declaration filed

Aug. 11, 1890

Cit not remarried

18...

Claimant is without other means of support than her daily labor.

Claimant mitted.

No m. b.

ACT OF JUNE 27, 1890.  
DECLARATION FOR WIDOW'S PENSION.

STATE OF MICHIGAN,

COUNTY OF Lugham } ss.

On this 4 day of August A. D., one thousand, eight hundred and ninety.....  
personally appeared before me A. M. Lang, Public.....

within and for the County and State aforesaid Lucy A Perkins.....aged  
Claimant's Name.

31 years; who being duly sworn according to law, declares that she is the widow of.....

Harvey W Perkins who enlisted under the name of Harvey W Perkins.....  
(Soldier's or Sailor's Name.)

at Lugham County on the 27<sup>th</sup> day of March, 1863, in.....

Co. E. 13<sup>th</sup> Reg. Mich. Vet. Vol. Infy. and served at least ninety days, in the  
(Here state Rank, Company and Regiment if in the Military Service, or Vessel if in the Navy.)

War of the Rebellion, and who was HONORABLY DISCHARGED on the 13 day of August, 1863,  
(If Soldier or Sailor was honorably discharged, state fact and date here.)

and died on the 19<sup>th</sup> day of June, 1866, at Rock Mich  
(Here insert the date and place of his death. The cause of death need not be stated.)

That she was married under the name of Lucy A Spaulding.....to said  
(Maiden Name).

Harvey W Perkins on the 3 day of May, 1876,  
(Soldier's or Sailor's Name.)

by Rev. McCloud at Lugham Mich there  
(Place where married should be stated here.)

being no legal barrier to said marriage. was married to Nathan Spaulding  
(If there was a former marriage of claimant or her

who died sometime around 24 years ago  
husband state it here, and how dissolved.)

That she has not remarried since the death of the said Harvey W Perkins  
(Name of Soldier or Sailor.)

That she is without other means of support than her daily labor. The names and dates of birth of all the children  
now living under sixteen years of age of the soldier by herself are as follows:

.....born.....18 ; .....

born.....18 ; .....born.....18 ;

.....born.....18 ; .....

born.....18 ; .....born.....18

That she has Not heretofore applied for pension, and the number of her former application  
(If you have never applied for pension, nor should be written in above space.)

is.....  
(Be careful to fill this part of the blank correctly.)

That she makes this declaration for the purpose of being placed on the pension roll of the United States, under  
the provisions of the Act of June 27, 1890.

She hereby appoints NEWTON T. KIRK of Albion, Mich., her true and lawful attorney to prosecute her  
claim. That her postoffice address is Rock.....

County of Lugham....., State of Michigan.

Claimant's signature. Lucy A Perkins.....

Attest: Yale Blakeslee.....

James N. Spencer

Have this executed before Notary Public or Justice of the Peace having seal or certificate on file, and return to Newton T. Kirk, Albion, Mich.

Prepared Expressly for the use of Newton T. Kirk, United States Pension Attorney.

Also personally appeared.....*Kate Blakeslee*.....residing  
at.....*Locke Mich*.....(Name of first witness here.)  
and.....*James H Spencer*.....residing  
at.....*Locke Mich*.....(Name of second witness here.)  
persons whom I certify to be respectable and entitled  
to credit, and who, being by me duly sworn, say that they were present and saw.....  
*Lucy A Perkins*.....the claimant, sign her name (or make her mark) to the foregoing  
declaration; that they have every reason to believe from the appearance of said claimant and an acquaintance with  
her of.....*10*.....years, and.....*15*.....years respectively, that she is the identical  
person he represents herself to be; and that they have no interest in the prosecution of this claim.

Signature of Witnesses: { *Kate Blakeslee*  
*James H Spencer*

Sworn to and subscribed before me this.....*6*.....day of.....*August*.....A. D. 189*0*,  
and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to  
the applicant and witnesses before swearing, including the words.....  
.....erased, and the words.....added;  
and that I have no interest, direct or indirect, in the prosecution of this claim.

[ L. S. ]

*H W Blakeslee*  
(Official Signature)  
*Notary Public*  
(Official Character)

312903

ACT OF JUNE 27, 1890.

WIDOW'S PENSION.

*Lucy A Perkins*

Widow of *James H Spencer*

Lat. *Co. G* of the *15<sup>th</sup>* Reg't.

of *Mich* Vols.

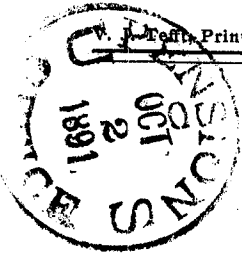
PENSION OFFICE  
AUG 11 1890

FILED BY

NEWTON T. KIRK,

PENSION ATTORNEY,

ALBION, - - MICHIGAN.



## GENERAL AFFIDAVIT.

State of Michigan, County of Ingham ss:

In the matter of Reclaim claim of Lucy A. Widow of  
Reuben W Perkins & E 15th West Liff. # 457.072  
ON THIS 28 day of September A. D. 1891, personally appeared before me

A Notary Public in and for the aforesaid County, duly authorized to administer  
oaths Lucy A Perkins aged 51 years, a resident of Locke  
in the County of Ingham and State of Michigan, well known to me to be reputa-

ble and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

*That she has not been able to send County Clerks Records of her  
Marriage with Saldin as the officiating Clergyman neglected  
to have a Record made at the Clerks Office. She sent in for  
change of the Affidavit of Elden McCloud who married them.  
Also sent Affidavits of Samuel P Cole and Almedia Cole as  
to death of Spaulding a former Husband. Also states  
That she the Applicant is unable to go over the whole  
grounds again, being very feeble and the witnesses  
are a long distance from home of Claimant and  
quite a distance from each other. She  
Sends herewith Records of Saldins death and  
Respectfully asks that the Evidence of the said  
Samuel P Cole Almedia Cole and Bevan O Spaulding,  
and other Evidence in the case be taken that has been  
already furnished*  
Her Post Office address is Locke Ingham Co Mich

further declare that \_\_\_\_\_ no interest in said case and \_\_\_\_\_ not concerned in its prosecution.

[If Affiants sign by mark, two witnesses who can write sign here.]

Lucy A Perkins  
(Signature of Affiants.)

STATE OF MICHIGAN.

COUNTY OF

*Lugham*

SS:

Sworn to and subscribed before me this day by the above named affiant , and I certify that I read said affidavit to said affiant , including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added and acquainted *her* with its contents before *She* executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant *is* personally known to me and that *She is a* credible person .

*A W Blakeslee*  
(Official Signature.)  
*Notary Public*  
(Official Character.)

[L. S.]

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.



## Additional Evidence.

### CLAIM OF

*Lucy A. Michael, Harvey W. Perkins*  
*Co. 1st Reg't Mich* Vols.  
*Infantry*

### AFFIDAVIT OF

*Lucy A. Perkins*  
*(Locke)*  
*Mich*

CLAIM NO. *457,072*

### FILED BY

NEWTON T. KIRK,

U. S. PENSION ATTORNEY,

ALBION, MICH.

Formerly of Co. E., 26th Mich. Infantry, and 118th U. S. C. T.

# GENERAL AFFIDAVIT.

State of Mich, County of Ingham, ss.

In the matter of widow Perkins Claim no 437072

Lucy A Perkins widow of Harvey W Perkins Late of Co E 15<sup>th</sup> Reg Mich V Inf  
also Co H 14<sup>th</sup> Reg Mich Inf.

ON THIS Sixteenth day of April A. D., 1892, personally appeared before me a

Notary Public

in and for the aforesaid County, duly authorized to administer oaths

Lucy A Perkins

aged 53 years, a resident of Locke

in the county of Ingham and State of Mich

whose postoffice address is Locke Mich

aged \_\_\_\_\_ years, a resident of \_\_\_\_\_

in the county of \_\_\_\_\_ and State of \_\_\_\_\_

well-known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in relation to aforesaid case, as follows:

[NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.]

Harvey W Perkins My Late Husband was  
a Private in Co H 14<sup>th</sup> Mich Inf. And was  
discharged But cannot give exact date of  
discharge as He sent the discharge to Washington  
on his atty. before he died. He then Reenlisted as  
Private in Co E, 15<sup>th</sup> Reg Mich Vet Inf. And was  
discharged Aug. 13<sup>th</sup> 1865. He applied for Pension  
and did not get it allowed until after his death  
and I received it to the time of his death.

\_\_\_\_\_ further declare that \_\_\_\_\_ no interest in said case and \_\_\_\_\_  
not concerned in its prosecution.

[If Affiants sign by mark, two persons who can write, sign here.]

Lucy A Perkins  
[Signature of Affiant.]

STATE OF Mich COUNTY OF Ingham ss.

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added, and acquainted her with its contents before She executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that She is creditable person.

[L. S.]

A W B Lattin  
[Official Signature.]

Notary Public  
[Official Character.]



CLAIM NO. 437032

ADDITIONAL EVIDENCE.

CLAIM OF

Lucy A Perkins Widow of  
Harvey W Perkins Late  
Co E 15 Reg Mich Vol Inf  
of Co H 14 " " Vol Inf

AFFIDAVIT OF

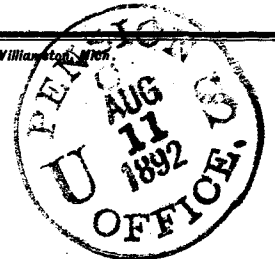
Lucy A Perkins  
Locke, Ingham co. Mich

FILED BY

Newton T Kirk  
Albion Mich

U. S. PENSION ATTORNEY.

Enterprise Print, Williamston, Mich.



## MILITARY SERVICE.

NAME OF SOLDIER:

Harvey H. Perkins

Middle Div.

Bureau of Pensions,

Ex'r.

No. 457072

May 18, 1891

Kiddon

SIR:

It is alleged that the above-named man enlisted War  
 27, 1865, and served as a Prty  
 in Co. E, 15 Reg't Mich Inf  
 also as a in Co. Reg't  
 , and was discharged at  
 on Aug 13, 1865

No. of prior claim

The War Department will please furnish an official statement  
 in this case, showing date of enrollment and date and mode of  
 termination of service.

Very respectfully,

Gen J. R. Rainsworth

Commissioner.

THE OFFICER IN CHARGE OF THE  
 RECORD AND PENSION DIVISION,  
 WAR DEPARTMENT.

0-4

## War Department,

Record and Pension Division,

MAY 19 1891

Respectfully returned to the

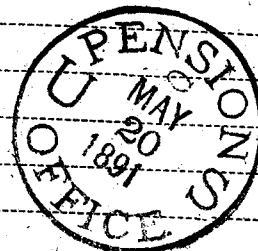
COMMISSIONER OF PENSIONS.

The rolls show that

Harvey H. Perkins

mentioned in the preceding indorsement, was enrolled

March 27, 1865, and  
 Aug 13, 1865



BY AUTHORITY OF THE SECRETARY OF WAR:

J. R. Rainsworth  
 Captain and Asst Surgeon, U. S. Army.  
 Per

Affiant should write off statement and copy into this blank in his own handwriting. It makes a better affidavit. Carefully read instructions.

# GENERAL AFFIDAVIT.

State of Michigan, County of Ingham ss.

IN THE MATTER OF Pension claim of Lucy a widow of  
Harvey W Perkins Co E 15th and Lapeer - 457.0472  
On this 26 day of May, A. D. 1891, personally appeared before

me, a Notary Public, in and for the aforesaid County, duly authorized to administer oaths

Oscar J. Danchef, aged 71 years, a resident of Locke

in the County of Ingham and State of Michigan, and

John S. Pettigall, aged 40 years, a resident of Locke

in the County of Ingham and State of Michigan

well known to me to be reputable, and entitled to credit, and who, being duly sworn, declared in relation to

aforesaid case, as follows:

That soldier was not in the  
military or naval service of the  
United States after Aug 13<sup>th</sup> 1865

SIGN ON OTHER SIDE FULL NAME.

Sign Full Name both under writing and on other side.

Additional Evidence.

CLAIM OF

Suey A. M. of Harvey W. Perkins

Co. G. 15th Reg't Mich. Vol.

Infantry

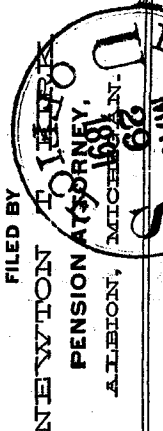
AFFIDAVIT OF

Oshes G. Dunker

John S. Pettugill

Locke Mich

Claim No. 457072



Many soldiers or their widows or dependent relatives are entitled to pension, bounty, or other money who have never applied. Many pensioners are entitled to increase and should apply at once. The laws are now made liberal. Thousands of dollars are lost each year because pension and increase applications did not cover the case properly. If you will intrust your claim to me, I will see that the case is properly described. No fee unless successful. Many charges of desertion can now be removed. Duplicate discharges procured. All claims promptly pushed to completion. Call at my office or write fully with stamps for reply.

Our Postoffice address is Locke Michigan Mich

and we further declare that we have no interest in said case and are not concerned in its prosecution.

Oshes G. Dunker  
John S. Pettugill

[If Affiants sign by mark, two persons who can write sign here.]

[Signature of Affiants.]

State of Michigan, County of Dugham

Sworn to and Subscribed before me this day by the above named affiant S, and I certify that I read said affidavit to said affiant S, including the words

erased and the whole added

and acquainted them with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution, and that said affiant S personally known to me, and that they are creditable person.

L.S.

W. B. Kuster  
[Official Signature]  
Notary Public  
[Official Character]

Execute before County Clerk or Notary Public. If Notary Public has no Seal or Certificate on file get County Clerk's Certificate.

INVALID. (Series.....)

Cert. No. 395750

Name,

Rank,

; Service,

Original Roll

Agency.

Transf'd

, 18

, to

"

, 18

, to

Issued

May 17

, 18

Mailed

" 24

, 18

Rate and Period, \$

4

, from

Aug 11, 1886

, 18

and ending June 19, 1886

of the estate of  
Mary A. Perkins (widow)

Disability

Left varicocele

Issued

, 18

Mailed

, 18

Rate and Period, \$

, from

, 18

Deductions:

Disability:

Issued

, 18

Mailed

, 18

Rate and Period, \$

, from

, 18

Wid 457.072

Dec 2-92

Deductions:

Disability:

Issued

, 18

Mailed

, 18

Rate and Period, \$

, from

, 18

Deductions:

Disability:

INCORSEMENTS.

8  
Linnell  
No. 2157072  
Act of June 27, 1890.

ntfd 12-29-90-86.  
A. J. Gray 18/91 cow  
Sept 2/91. Cur. 3.4794  
Ther 123.687 - by wind of  
alt - MFC

Lucy A. Perkins  
Locke, Ingham Co. Pa.  
Widow of  
Harvey H. Perkins  
Co "E" 15<sup>th</sup> Regt. Mich. Inf. Reg.  
Died at Locke Mich.  
June 19, 1886.

No other claim.

Sw. b/f 395.750 men  
Detroit Ag'y.  
11-25, 1890. Stewart  
Numerical No. 310.903. Clerk.

Slip to Record this  
if any prior claims?  
PA. 3/2/92  
~~App. H. C. 2nd, then  
Hon. B. L. Stuart, if ad-  
dri was a pensioner  
from another pen-  
sion.  
Another affidavit as  
to support~~

OHIO.  
MICH.

Application filed: August 17, 1894  
Attorney: Newton P. Hark  
P. O. Albion  
MICH.

Prohall Ex'r. **INVALID.**  
No. 546,858

**Acts of July 14, 1862, and March 3, 1873.**

10-23-85 <sup>for 8/18/86</sup> Alpha service  
disability & treatment.  
Ord. to Lansing, Mich  
734

**P. O.**

### Service:

## Enlisted:

**Discharged:**

**Application filed:**

## Alleges:

**Re-enlisted:**

**Attorney:**

P.O.

## Recognized.

### Contract:

**Cert. of Dis. Searched for**

(12372-25,000)

May 28/86 = Colut. for ev. of incumment  
 Cont. at discharge a formulation of being  
 Mch 8/87 = Atty. Lunan for elect. of  
 PA. of death. ev. of  
 all ev. of origin = Break as to origin  
 Mch 8/87 = Lunan as to origin = death  
 Mch 8/87 = Lunan - MJB.  
 May 14/88 = Atty. for witness  
 MJB.

For Duplicate issue see  
back

Act of June 27, 1890

(3-232.)

No. 358,690

(Perkins)

Lucy A. Perkins

Widow of

Harvey W. Perkins

Rank Pvt.

Company K

Regiment 14<sup>th</sup> "Inf" 3<sup>rd</sup> E. 75<sup>th</sup> Mich Vol.

Rate per Month, \$ 8

Commencing Aug. 11, 1890.

Ending

Detroit Agency.

Issued Jan 3, 1893.

Mailed " 13, 1893

Fee, \$1.00

DEAD.

Sept 13, 1904

Sept permit to General P.  
Agr advised - See app  
for Dup off E.C.B.

Duplicate Certificate  
issued Nov 13, 1907 and  
sent to Pension Agent at  
Detroit

NOV 14 1907

2001 71 AON

DROPPED

Mich 2, 1913

MAR 25 1913